## STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	full)  (Check if name Example: If typying, type over the lines	12FE4M5
CLIFFS NATU	RAL RESOURCES INC. POLITICAL ACTION COMMITTEE (CI	iffspac)
ADDRESS (number and	treet) 1100 Superior Avenue	
(Check if address is changed)	Room 1500	
	Cleveland,	OH 44114 - 2589
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	katherine.reeves@cliffsnr.com	
(Check if address is changed)		
2. DATE <b>1.0</b>		
3. FEC IDENTIFICA	TION NUMBER C C00039016	
4. IS THIS STATEM	NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
	Danie W. Danie	
Type or Print Name of	Treasurer Dana W. Byrne	
Signature of Treasurer	Electronically Filed by Dana W. Byrne	Date 10 / 13 / Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this State  ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530	